

Staff File Checklist

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date (offer position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗌 Employee 🗌 Placement Student 🗌 Volunteer

🗌 Emergency Information form

🗌 Copy of Diploma

🗌 Standard First aid and CPR Level C \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

🗌 Criminal Reference check Date Competed \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

🗌 RECE Registration with college – College Number: \_\_\_\_\_\_\_\_\_

🗌 Record of immunization TB \_\_\_\_\_\_, Tetanus\_\_\_\_\_\_, MMR\_\_\_\_\_\_\_\_

🗌 Medical Letter

🗌 Policies and procedures acknowledgement form (Policy Sign off Sheet)

🗌 Anaphylaxis Annual Plans – Review and sign off

🗌 Supervisor Director Approval (Supervisors Only)

🗌 Confidentiality Agreement

🗌 Notice of respect for personal information

🗌 Food Handlers Certificate (Optional for staff) \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

🗌 Resume

🗌 Signed Offer of Employment

🗌 Void Chq. Account information for payroll